

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS841S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/03/2009
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 6151 VEGAS DRIVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 28737</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on November 3, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022947 was unsubstantiated. Complaint #NV00023128 was unsubstantiated with an unrelated deficiency (see TAG Z290). Complaint #NV00023493 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiency was identified:</p>	Z 000		
Z290 SS=D	<p>NAC 449.74487 Nutritional Health; Hydration</p> <p>1. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that:</p> <p>(a) The nutritional health of the patient is</p>	Z290		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z290	Continued From page 1 maintained, including, without limitation, the maintenance of his weight and levels of protein, unless the nutritional health of the patient cannot be maintained because of his medical condition. (b) The patient receives a therapeutic diet if such a diet is required by the patient. This Regulation is not met as evidenced by: Surveyor: 28737 Based on observation, interview, and record review, the facility failed to provide a physician ordered special diet and nutrition program for 1 of 9 residents (Resident #6).	Z290			

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